

MULTIPLE DE. IDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/540774

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51					
2	/		/		/			52					
3	/		/		/			53					
4								54					
5	/		/		/			55					
6	/		/		/			56					
7	/		/		/			57					
8	/		/		/			58					
9	/		/		/			59					
10	/		/		/			60					
11	/		/		/			61					
12	/		/		/			62					
13	/		/		/			63					
14	/		/		/			64					
15	/		/		/			65					
16	/		/		/			66					
17	/		/		/			67					
18								68					
19								69					
20								70					
21								71					
22								72					
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24								74					
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26								76					
27								77					
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30								80					
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34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		3		3			TOTAL IND.					
TOTAL DEP.	3		13		13			TOTAL DEP.					
TOTAL CLAIMS	76		16					TOTAL CLAIMS					